

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019925

AMENDED **FILED MAY 22 1961** Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1323 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Pageadale</u>		Length of stay in 1b <u>36 Yrs.</u>	c. CITY OR TOWN <u>Pageadale</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1335 Belrue</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1335 Belrue</u>
3. NAME OF DECEASED (Type or print) First <u>Melvin</u> Middle <u>Adam</u> Last <u>Schneider</u>			4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/24/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kroger</u>	9. AGE (last birthday) <u>68</u>
11a. FATHER'S NAME <u>August Schneider</u>		11b. MOTHER'S MAIDEN NAME <u>Marv Adler</u>	11. BIRTHPLACE (City and state or country) <u>Hamburg Missouri</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease</u> DUE TO (b) <u>cardio renal disease</u> DUE TO (c) <u>18 yrs.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>Halia A. Schneider</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT <u>Halia A. Schneider</u> Address <u>1335 Belrue Pageadale, Mo.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <u>10:40</u> Month <u>5</u> Day <u>9</u> Year <u>1961</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Wentzville, Missouri</u>	
21. I attended the deceased from <u>1926</u> to <u>5/9/61</u> and last saw him alive on <u>4/26/61</u> Death occurred at <u>10:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>James J. Pitman M.D.</u>	
22b. ADDRESS <u>730 Hadriana Dr</u>		22c. DATE SIGNED <u>5/11/61</u>	
23. BURIAL, CREMATION, or other disposition (Specify) <u>Funeral</u>		23b. DATE <u>5/12/1961</u>	
23c. NAME OF CEMETERY OR CREMATORIUM <u>Linn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Wentzville, Missouri</u>	
24. FUNERAL DIRECTOR <u>T. J. Pitman</u>		25. DATE RECD. BY LOCAL REG. <u>5-11-61</u>	
26. REGISTRAR'S SIGNATURE <u>James J. Pitman M.D.</u>			

MAY 31 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.